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APPLICATION NO.	FILING DATE		FIRST NAMED	Inventor	ATTORNEY DOCKLIT NO.	CONFIRMATION NO.
10/611,459	07/01/2003		Keith Robert	Hildcbrand	11738.00161	1626
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APPLN. TYPE	SMALL ENTITY	ISSUE PE	EE	PUBLICATION FEE	TOTAL FEE(S) E UE	DATE DUE
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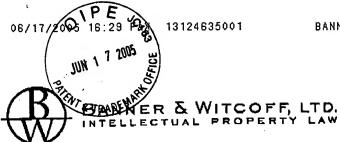
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			Filing Date		July 1, 2003			
FORM	FORM			ventor	Hildebrand			
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(to be used for all corrections dense after	(to be used for all correspondence after initial filing)			<u>е</u>	Kennedy			
Total Number of Pages in This Submiss		5	Attorney Docke	t Number	011738.00161			
		ENCLO	SURES (check all	that apply)				
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Date June 17, 2		ie 17, 2	005	Reg. No.	51,393			
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I hereby certify that this corresponder Service with sufficient postage as fl Alexandria, VA 22313-1450 on the dat	ss mail	in an envelope ac	to the USPTC Idressed to: (	or deposited with the United States Postal Commissioner for Patients, P.O. Box 1450,				
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Multiple dependent claims

Total Claims

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Fee Paid (\$) Fee (\$) -20 or HP= HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Indep, Claims Fee(\$) - 3 or HP= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets -100 =/50 = (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S)

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SUBMITTED BY Registration No. 312-463-5000 51,393 Telephone Signature (Attorney/Agent) William J. Allen June 17, 2005 Name (Print/Type)

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